



# UnitedHealthcare Specialty Medication List for the State Health Benefit Plan

Specialty medications are critical to improving the health and lives of individuals and are also some of the most expensive medications being used today.

**To locate a participating specialty pharmacy, call our Specialty Pharmacy Referral Line at 1-866-429-8177.** A representative will answer any questions you may have about the program and transfer you directly to a participating specialty pharmacy based on your medication(s).

To learn more about your pharmacy benefit and medications:

- Log on to **myuhc.com**<sup>®</sup> and then navigate to the pharmacy area. This is your best resource featuring medication pricing and comparisons and coverage information based on your benefit.
- Please call the toll-free Customer Care phone number on the back of your health plan ID card.

In order to receive coverage for your specialty medication, you must use a specialty designated pharmacy. Please note if you don't use a specialty designated pharmacy, your specialty prescription is not eligible for coverage and you will be required to pay the full retail cost for that prescription at the pharmacy. Please note the Specialty medications are not part of the mail order benefit.

**Specialty medications are typically more than \$250 per prescription, in an injectable or oral form, treat rare or complex diseases and typically require additional clinical support for better health outcomes. Some of the more commonly prescribed specialty medications include:**

## Tier 1

Cyclosporine  
Cyclosporine Modified  
Didanosine  
Lamivudine

Lamivudine-  
Zidovudine  
Mycophenolate  
Mofetil

Nevirapine  
Ribavirin\*  
Stavudine  
Tacrolimus

Tacrolimus Anhydrous  
Tacrolimus Micronized  
Zidovudine

## Tier 2

Afinitor\*  
Ampyra\*  
Aranesp\*  
Atripla  
Avonex\*  
Baraclude  
Cimzia\*  
Combivir  
Copaxone\*  
Crixivan  
Emtriva  
Enbrel\*  
Epivir  
Epivir HBV  
Epogen\*  
Epzicom

Exjade\*  
Forteo\*  
Gleevec\*  
Hepsera  
Hycamtin\*  
Incivek\*  
Intelence  
Invirase  
Isentress  
Kaletra  
Lexiva  
Nexavar\*  
Norvir  
Nutropin\*  
Nutropin AQ\*  
Octreotide\*

Pegasys\*  
Prezista  
Procrit\*  
Pulmozyme\*  
Rapamune  
Rebif\*  
Rescriptor  
Revlimid\*  
Reyataz  
Saizen\*  
Selzentry\*  
Serostim\*  
Simponi\*  
Sprycel\*  
Stelara\*  
Sustiva

Sutent\*  
Tarceva\*  
Targretin  
Tasigna\*  
Temodar\*  
Tev-Tropin\*  
Thalomid\*  
Trizivir  
Truvada  
Tykerb\*  
Viracept  
Viread  
Votrient\*  
Xeloda\*  
Ziagen  
Zolinza

## Tier 3

Apivus  
Betaseron\*  
Complera  
Edurant

Extavia\*  
Gilenya\*  
Humira\*  
Inlyta

Kineret\*  
Orencia\*  
Sensipar  
Vesanoid

Victrelis\*  
Zelboraf  
Zemlar  
Zytiga\*

\*Clinical rules apply. Please call the toll-free Customer Care phone number on the back of your health plan ID card.



Specialty Medication List for the State Health Benefit Plan 7/12

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